

**Topic Approval Form for Master's Thesis Project  
Educational Psychology and Special Education**

Student Name (First, Middle, Last): \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Date Proposal was Submitted to Advisor: \_\_\_\_\_

Title/Topic of Proposed Project: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Faculty Approval of Thesis Topic**

Advisor's Name (Print): \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

\*\*\*\*Upon completion of this form, please return to Heather Killeen in Sproul 1207 or email [heather.killeen@ucr.edu](mailto:heather.killeen@ucr.edu) with a digital copy.